

PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	RECEIVED
FY 2005		P0026US20	CENTRAL FAX CENTER
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).)		FEB 13 2006	
Application Number 10/054,498		Filed 01/22/2002	
For GENES OVEREXPRESSED IN PROSTATE DISORDERS AS DIAGNOSTIC AND THERAPEUTIC TARGETS			
Art Unit 1642		Examiner UNGAR, SUSAN NMN	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$450
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to

Deposit Account Number 50-1885. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- applicant/inventor.
- assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- attorney or agent of record. Registration Number 47,163
- attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____

Signature

Hugh Wang, Ph.D.

February 13, 2006

Date

858-812-1539

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

- Total of 1+1 copy forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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02/15/2006 FILED K11 00000068 501805

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PTO/SB/97 (09-04)

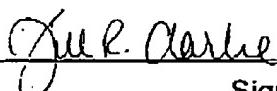
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RECEIVED**CENTRAL FAX CENTER****FEB 13 2006****Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence for U.S. Patent Application No. 10/054,498, filed January 22, 2002 in re John B. Welsh and Garret M. Hampton is being facsimile transmitted to the United States Patent and Trademark Office at facsimile number (571) 273-8300 on February 13, 2006.

Date



Signature

Jill R. Clarke

Typed or printed name of person signing Certificate

858-812-1855

Registration Number if applicable

Telephone Number

Typed or printed name of person signing Certificate

Customer No. 29490

Genomics Institute of the Novartis Research Foundation

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

1. Form PTO/SB/21 - Transmittal Letter (1 p);
2. Form PTO/SB/22 - Petition for Extension of Time (37 CFR 1.136(a)) (1 p + 1 p copy); and
3. Form PTO/SB/97 - Fax Cover Sheet with Certificate of Transmission under 37 CFR 1.8 (1 p).

Total number of pages (including this paper): 4

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PTO/SB/21 (09-04)

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FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 4

Application Number 10/054,498

Filing Date 01/22/2002

First Named Inventor John Barnard Welsh

Art Unit 1642

Examiner Name UNGAR, SUSAN NMN

RECEIVED**CENTRAL FAX CENTER****FEB 13 2006**

Attorney Docket Number P1026US20

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s)
(please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | 1. Form PTO/SB/21 Transmittal Form (1 p);
2. Form PTO/SB/22 Petition for Extension of Time Under 37 CFR 1.136(b) FY 2005 (1 o + 1 p copy); and
3. Fax Cover Sheet with Certificate of Transmission under 37 CFR 1.8 (1 p). |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> Landscape Table on CD |
| Remarks: The Director is authorized to charge all necessary fees due in this application to Deposit Account No. 50-1885. | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Genomics Institute of the Novartis Research Foundation		
Signature			
Printed Name	Hugh Wang		
Date	February 13, 2006	Reg. No.	47,163

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at facsimile number 571-273-8300 on the date shown below.

Signature 

Typed or printed name JILL R. Clarke

Date

February 13, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.